

Primary Reg. Dist. No. 1835
Registrar's No. 1835-2019073904

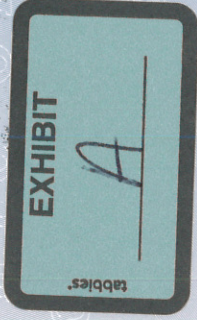
Ohio Department of Health - Vital Statistics
CERTIFICATE OF DEATH

State File No. 2019075964

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) ANGELA PRISCILLA MEEKS				2. Sex FEMALE		3. Date of Death (Month/Day/Year) AUGUST 07, 2019					
4. Social Security Number [REDACTED]		5a. Age (Years) 60		5b. Under 1 Year Months 0		5c. Under 1 day Hours 0		6. Date of Birth (Mo/Day/Year) JANUARY 02, 1959		7. Birthplace (City and State or Foreign Country) FORT PAYNE, ALABAMA	
8a. Residence State OHIO		8b. County CUYAHOGA		8c. City or Town WARRENSVILLE HEIGHTS		9. Ever in US Armed Forces? NO					
8d. Street Address and Zip Code 22407 FELCH STREET 44128				11. Surviving Spouse's Name (If wife, give name prior to first marriage) NEVER MARRIED							
10. Marital Status at Time of Death NEVER MARRIED				12. Decedent's Education HIGH SCHOOL GRADUATE OR GED		13. Decedent of Hispanic Origin NO		14. Decedent's Race BLACK			
15. Father's Name UNKNOWN UNKNOWN				16. Mother's Name (prior to first marriage) EDDIE RUTH MEEKS				17c. Mailing Address (Street and Number, City, State, Zip Code) 11212 PLYMOUTH AVE GARFIELD HEIGHTS, OHIO 44125			
17a. Informant's Name CYNTHIA MEEKS				17b. Relationship to Decedent SISTER				17d. County of Death CUYAHOGA			
18a. Place of Death HOSPITAL - INPATIENT				18b. Facility Name (If not institution, give street & number) SOUTH POINTE HOSPITAL				21. Name and Complete Address of Funeral Facility E F BOYD & SON FUNERAL HOME 2165 E 89TH ST CLEVELAND, OH 44106			
19. Funeral Service Licensee or Other Agent QUINTESSAL TIGGS				20. License Number (of licensee) 009377				21b. City or Town, State and Zip Code WARRENSVILLE HEIGHTS, OH 44122			
22. Method and Place of Disposition CREMATION - UNIVERSITY CIRCLE CREMATORY, CLEVELAND, OH				24. Date Filed (Month/Day/Year) 8-16-19				25. Date Signed (Month/Day/Year) 8/14/2019			
23. Local Registrar Andrea Kacinari				26a. Time of Death 4:23 AM				26b. Was Case Referred to Medical Examiner or Coroner? NO			
26a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				26c. Date Pronounced Dead (Month/Day/Year) August 7, 2019				26d. License number 35.089939			
26e. Certifier Name and Title Dani A. Friedman MD				27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death DARCY FRIEDMAN, 29125 CHAGRIN BLVD, PEPPER PIKE, OH 44122				Approximate Interval: Onset and Death			
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink. a. Immediate Cause (Final disease or condition resulting in death) cardiopulmonary arrest b. Due to (or as consequence of) conditions, if any, leading to immediate cause. malnourishment c. Due to (or as consequence of) disease or injury that initiated events resulting in a death) grace				29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable			
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No				31. If Female, Pregnancy Status <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
33a. Date of Injury (Mo/Day/Year)				33b. Time of Injury				33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <input type="checkbox"/> Yes <input type="checkbox"/> No			
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)				33g. If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other				33d. Injury at Work?			
33f. Describe How Injury Occurred											

2019075964

HEA 3724 Rev. 06/18



Andrea Kacinari, Registrar

AUG 27 2019

Andrea Kacinari